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**In reply: Trigemino-cardiac reflex: Potential risk factor for syncope in  
Exodontia?**

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## **Trigeminocardiac reflex occurring under local anesthesia?**

Thank you very much for your contribution. We agree with the group from Arakeri et al. that one should be familiar with different forms of syncope and that trigeminocardiac reflex (TCR) occurring under local anesthesia might mimic vasovagal syncope.<sup>1, 2</sup> We also agree that, in principle, extraction of a tooth is a possible trigger for TCR, especially if local anesthesia is not complete. This was not mentioned in our article<sup>3</sup> since literature research at that time did not reveal any results for TCR triggered by exodontia.

The initial rise in blood pressure, seen by some authors<sup>4-6</sup> in (diphasic) vasovagal syncope, is difficult to examine. On one hand, it is expected in most patients who undergo surgical procedures under local anesthesia; on the other hand, it should be short-lived and is, therefore, easily missed. Unfortunately, the articles by Arakeri et al.<sup>1, 2</sup> lack any information regarding their method of measuring blood pressure (invasive or non-invasive). Neither do they define the numbers they use as indicators of “rise of blood pressure and heart rate,” “bradycardia,” or “hypotension” as indicators of occurring TCR or vasovagal syncope. This is especially significant since their figure for syncope (7%) seems high compared to 2% or lower commonly seen in the literature.<sup>7-9</sup>

Finally, we do not believe the introduction of three new terms (“Trigeminovagal Syncope”, “Dentocardiac Reflex” and “Arakeri’s Reflex”) in light of the broad number of synonyms (e.g., “Oculocardiac reflex,” “Achener-phenomenon,” or “Trigeminovagal reflex”) for TCR is of any help.

We should emphasize that this reflects our opinion and, indeed, further studies about TCR occurring under local anesthesia seem necessary.

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